DR 2559 (08/24/21)
COLORADO DEPARTMENT OF REVENUE
Division of Motor Vehicles
Driver Control Section, Room 164
PO Box 173345
Denver CO 80217-3345
DMV.Colorado.gov

Search Fee \$9.00 Certified fee (additional) \$1.00			
☐ Certified Record			

Permission to Release Driver Records to Self or Another Person

Driver's License offices provide only personal driving record information. Records and/or other requests are available only at 1881 Pierce St., Lakewood, CO

Pursuant to § 42-1-206(1)(b)(II) (7)(a) and (7)(b)(XIII), C.R.S.

☐ 7 Year Driver Record ☐ Full Driver Record ☐ Commercial Driver Record ☐ Other:				
If you are requesting a copy of a confidential cra	ash (counter) report (Pursuant t	o § 42-4-1610,	C.R.S.), fill out the following.	
Confirmation Number			Date of Crash	
		,		
Last Name (Please print)	First Name			
I hereby authorize the release of personal inform of Revenue, Division of Motor Vehicles, to:	mation contained in records ma	intained by the	Colorado Department	
Last Name	First Name		☐ Check if to self	
Pursuant to the Driver's Privacy Protection Act (18 USC 2721) and Colorado law (§ 24-72-204, § 42-1-206 (1)(b)(l)).				
Driver				
Driver's Date of Birth	Driver's License Nun	nber		
Signature	I		Date	
Signature of Parent or Guardian if Driver is a Minor			Date	
Person Receiving Record				
Release Records to: Last Name	First Name			
Driver's License Number	I		State	
Company (if applicable)				
Mailing Address				
City		State	ZIP Code	
Email Address	Phone Number			
If your check is returned for insufficient funds o license or identification card until the original ch				
Under penalty of perjury, I attest that I shall not by law. I understand that motor vehicle or drive by law may subject me to civil or criminal penal and accurate to the best of my knowledge.	r records that are obtained, res	old, or transfer	red for purposes prohibited	
Signature of Requestor			Date	